

APPENDIX A

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About this book Preview this book **Ocular Therapeutics Handbook** By Bruce E. Onofrey, Leonid Skolin, Nicky R. Holdeman

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Injuries to the adnexal, corneal, conjunctival, and intraocular tissues can create multiple problems in the management of an alkaline burn. Some alkaline material can penetrate into the anterior chamber within 15 minutes, involving the iris, lens, and other intraocular structures, perpetuating further damage. The clinician must be aware of intraocular conditions (secondary glaucoma, cataracts, uveitis), as well as periorcular damages (lid destruction and/or appositional anomalies, symblepharon and/or ankyloblepharon).

Acid

An acidic injury (pH <4) may present in similar fashion as an alkaline burn. With sufficient quantity and concentration, an acid burn can be as severe as an alkaline injury; however, an acid burn is usually limited to the superficial layers of the cornea. An exception to this rule would be hyaluronic acid (HA), which can cause liquefaction necrosis in a similar mechanism as an alkaline material.

As the proteins within the epithelial and superficial stromal layers coagulate in the presence of acidic compounds, a barrier is established, minimizing or halting destruction to the inner layers. Though superficial corneal opacification and tissue damage can be extensive, the resolution from an acid burn can be equally dramatic.

Injuries to the adnexal, corneal, conjunctival, and intraocular tissues must again be addressed. The clinician should monitor for intraocular damages as well as periorcular trauma (see earlier).

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